

TRANSACTION # _____ GROUP # _____



City Of Raleigh
North Carolina
OUTDOOR DINING APPLICATION

APPLICANT INFORMATION

OWNER, CORPORATION, L.L.C.: _____

ADDRESS: _____

TELEPHONE # _____ FAX # _____

ADDRESS OF BUSINESS _____

CONTACT PERSON _____

TELEPHONE # _____ CELL # _____

LOCATION DETAILS: _____

CHECK LIST

CITY OF RALEIGH BUSINESS LICENSE _____ VALID INSURANCE POLICY _____

INDEMNITY AGREEMENT _____

WAKE COUNTY HEALTH DEPARTMENT APPROVAL _____ NC ABC PERMIT _____

CITY BEER/WINE LICENSE _____ LOCATION DETAILS _____

OUTDOOR AMPLIFICATION PERMIT (IF NEEDED) _____ PERMIT FEES _____